U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C. 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U /0 967	2 Fiscal Year Covered From			
,	////05 Through /2/3//05			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name JIMOTHY P URISTA	Name PLUM BERS LOLAL #15 MPLS.			
	Labor Organization File Number 007489			
PO Box Bldg Room No If any	P O Box Building and Room Number if any			
Street 1246 50 A AU NE.	Street 708 50 10 24 51			
City COL HTGS.	City m DLS			
State MN ZIP Code + 4 55421	State MN ZIP Code + 4 5542/			
5 Position in labor organization BUSINESS ABENT				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)				
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income			
Name				
Trade Name If any	NOVE			
PO Box Bldg Room No If any				
	7 b Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15 Signature and verification The undersigned declares under penalty of Penury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions) H 763-571-3196				
Signed Trimothy P Unisto	on 3-27-06 W 6/2-247-3617			
- Trong r Grass	Date Telephone Number			

1	Name of Person Filing TIMOTHY PAUL UK	PISTA	File Number U		
	B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
	8 Name and address of Business (including trade name if any)	9 Business deals with			
	Name Twen City Pipe Trades Serview asst.	a Labor Organization			
		b Trust			
	PO Box Bldg Room No If any Street 70.0 Town About RD	c Employer			
	Street 700 Transfer RO City 5- PAUL				
	State Mp ZIP Code + 4 55/14		~		
	10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal	ing		
İ	Name				
	Trade Name if any	Trust	Fund		
	PO Box Bldg Room No if any	•			
	Street	11 b Approximate dollar value of such dealing Lendensucce			
	City	12 a Nature of interest he	ld or income received		
	State ZIP Code + 4	Education	al Semeater		
			*968 03		
l		meals	11754		
I		Total	1085 56		
		12 b Amount 2	1085 56		
	C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)		14 a Nature of payment			
	Name				
	Trade Name if any				
	PO Box Bldg Room No If any				
	Street		NONE		
	City		<u>-</u> - ,		
	State ZIP Code + 4				

14 b Amount of payment

0

?

or Consultant

13 b Is the Business an Employer

State